

Please type a plus sign (+) inside this box [+]

a plus sign (+) inside this box [+]

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	PTO	
Attorney Docket No. 3997P007 (maximum 12 characters) First Named Inventor Han C. Wen	u.s. 846452	
Title: METHOD OF ACCELERATING TCP FLOWS IN COMMUNICATION NETWORKS WITH DYNAMIC CONTROL Express Mail Label No. EL617184070US	11040	

Assistant Commissioner for Patents ADDRESS TO: **Box Patent Application** Washington, D. C. 20231

		Waterington, D. C. 2020
APP	LICATION	ELEMENTS
See	MPEP cha	pter 600 concerning utility patent application contents.
1.	X	Fee Transmittal Form (e.g., PTO/SB/17)
		(Submit an original, and a duplicate for fee processing)
2.		Applicant Claims Small Entity Status. (37 CFR 1.27)
3.	<u>x</u>	Specification (Total Pages
4.	<u>x</u>	Drawings(s) (35 USC 113) (Total Sheets 3)
5.	<u>x</u>	Oath or Declaration (Total Pages <u>6</u>)
		a. x Newly Executed (Original or Copy)
		b Copy from a Prior Application (37 CFR 1.63(d)) (for Continuation/Divisional with Box 17 completed)
		 i. <u>DELETIONS OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
		c Unsigned.
6.		Application Data Sheet. (37 CFR 1.76)
7.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8.	(if applicable	Nucleotide and/or Amino Acid Sequence Submission , all necessary) Computer Readable Form (CRF)
	b	Specification Sequence Listing on: iCD-ROM or CD-R (2 copies); or ii paper Statement verifying identity of above copies
<u> </u>		

ACCOMPANYING APPLICATION PARTS			
9. x Assignment Papers (cover sheet & documents(s)) 10. a. Separate 37 CFR 3.73(b) Statement (where there is an assignee)			
x b. Power of Attorney			
11 English Translation Document (if applicable)			
12 a. Information Disclosure Statement (IDS)/PTO-1449			
b. Copies of IDS Citations			
13 Preliminary Amendment			
14. x Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
15 Certified Copy of Priority Document(s) (if foreign priority is claimed)			
16 Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
17. x Other: A copy of the postcard w/ express mail stamp (1pg.)			
18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:			
Continuation Divisional Continuation-in-part (CIP) Of Prior Application No.: Examiner Group Art Unit (which is a continuation/ divisional/ CIP of prior application no. highlight of prior application to claim priority. Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority. For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 18B. Statement under 37 CFR 3.73(b) for continuing application: The undersigned states that (name of assignee) is the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an assignment recorded in the Patent and Trademark Office at Reel. No. Frame No. (or a copy of which is attached).			
19. Correspondence Address Outstand Number of Box Code Label 09791			
x Customer Number or Bar Code Label 08791 or (Insert Customer No. or Attach Bar Code Label here X Correspondence Address Below			
NAMETarek N. Fahmi			
ADDRESS 12400 Wilshire Boulevard			
Seventh Floor			
CITY Los Angeles STATE California ZIP CODE 90025-1026			
Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397			
Name (PRINT/TYPE): Tarek N. Fahmi Registration No.: 41,402 Signature: Date: 4/30/01			

Q
ü
H
nijeta Ates
T.
1 149
1 12
25

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of minimation drilless it displays a fall of the State						
	TOTAL AMOUNT OF PAYMENT (\$) \$840.00					
Complete if Known:		(1)				
Filing Date Herewith	llen C. Wen					
First Named Inventor Group Art Unit Not Y			•			
Examiner Name Not						
Attorney Docket No	3997P007					
METHOD OF PAYM	IENT (check one)					
	Commissioner is here over payments to:	eby authorized to charge	indicated fees and credit	t		
	osit Account Number osit Account Name	02-2666		,		
[x] Cha	rge Any Additional Fe	e Required Under 37 CFF	R 1.16 and 1.17			
[] App	licant claims small er	tity status. See 37 CFR 1	1.27	***************************************		
2. <u>x</u> Pay	ment Enclosed: <u>x</u>	Check Credit Card				
		Money Order Other				
FEE CALCULATION	N					
1. BASIC FILING	<u>G FEE</u>					
	all Entity					
Fee Fee Fee Code (\$) Cod		orintian		Fee Paid		
Code (\$) Cod		pplication filing fee		710.00		
106 320 206	• •	pplication filing fee				
107 490 207	<u> </u>					
108 710 208		filing fee				
114 150 214	75 Provisio	nal application filing fee				
			SUBTOTAL (1) \$			
2. EXTRA CLAI	M EEES		Fee from			
2. EXTRA CLAI		Extra Claims	below	Fee Paid		
Total Claims 25		= 5	X \$18 =			
Independent Claim	· · · · · · · · · · · · · · · · · · ·	= 0	X <u>\$80</u> =	\$0.00		
Multiple Dependent =						
**Or number previously paid, if greater; For Reissues, see below.						
	all Entity					
Fee Fee Fee Code (\$) Cod		ription				
103 18 203		excess of 20				
102 80 202		ent claims in excess of 3				
104 270 204	135 Multiple o	lependent claim, if not pa	aid			
109 80 209	40 **Reissue	independent claims ove				
110 18 210	9 **Reissue	claims in excess of 20 a	ind over original patent			
			SUBTOTAL (2) \$	90.00		

FEE CALCULATION (continued)

3.	ADDITIO	NAL FEE	S		
Large	Entity	Small E	ntity		
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee	
				or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	-
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	² 55	Petition to revive – unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	\$40.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	For filing a submission after final rejection	
' ' '				(see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design	
.55	300		300	application	
195	300	195	300	Publication fee for early, voluntary, or normal	
				publication	****
196	300	196	300	Publication fee for republication	
194	130	194	130	Request for voluntary publication or republication	
098	130	098	130	Processing fee under 37 CFR 1.17(i)	
091	1,240	091	1,240	Acceptance of unintentionally delayed claim for prior	ту
Other	fee (speci	fy)			
Othe	r fee (speci	ify)		OUDTOTAL (O)	40.00
*Redu	ced by Basi	c Filina Fe	e Paid	SUBTOTAL (3) \$	40.00
	MITTED B		o i aid		
1	Typed or Printed Name: / Tarek N. Fahmi				
	ature: _		1/2	C. Date: 4/30/0/	
Rea.	Number:	41,402	2	Telephone Number: 408.947.320)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.